



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E450290**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-01977	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 08 - 07 - 2015	1345	31		0664
N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF				

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>	BLOCK NO.	
91ST AVE SE	MILE POST	

DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
		12TH PL SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4258707342
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LAST NAME	ARCHEY	FIRST NAME	DAVID	MIDDLE INITIAL	W
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STREET NEW ADDRESS	14713 ROOSEVELT RD
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CITY	SNOHOMISH	ST	WA	ZIP	98290
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ARCHEDW409JS	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04 - 10 - 1960
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	B20525E	STATE	WA	VIN#	1D7KS28A17J595608
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2007	MAKE	DODG	MODEL	RAM	STYLE	TR	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **DAVID ARCHEY 14713 ROOSEVELT RD SNOHOMISH WA 98290 D: 4258707342**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H2051322
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input checked="" type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 7602196440
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LAST NAME	ALLBRITTON	FIRST NAME	APRIL	MIDDLE INITIAL	M
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STREET NEW ADDRESS	1825 91ST DR SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	F	D.O.B. MMDDYYYY	06 - 08 - 1998
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ON DUTY <input type="checkbox"/>	STATUS 4	AIRBAG	RESTR.	EJECT	HELMET USE 9	INJURY CLASS 7	NATURE OF INJURIES SCRAPS ON HAND, FACE. POSSIBLE KNEE INJ.
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	G. HEINEMANN #133	BADGE OR ID #	#0133	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E450290**

CASE # **15-01977**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MEAGHER KAYLA K																	
ADDRESS & PHONE #		1712 89TH DR SE LAKE STEVENS WA 98258 4254097654																	
SEX		F		D.O.B. MMDDYYYY		12		-		21		-		1986					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On the listed date and time I arrived at the intersection of 12th PL SE and 91st Ave SE for a pedestrian/vehicle collision. Prior to arrival, the male caller stated that the pedestrian was up and walking about. I arrived and did not locate any collision or reporting party. I spoke to the driver of Unit 1 who stated he was eastbound on 12th PL SE at the stop sign and as he began to enter traffic, saw a skateboarder traveling northbound on the south side of 91st Ave SE. He stopped and the female (unit 2) struck the front right side of his hood. Unit 1 stated that the aid car arrived and transported unit 2 home and she refused medical attention. Officers made contact 15 minutes after and noticed scrapes on her face, and hand. She also had a limp and minimal swelling to her knee.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN #133

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-09-15 10:05 AM

DATED

PLACE SIGNED

APPROVED BY

DATE

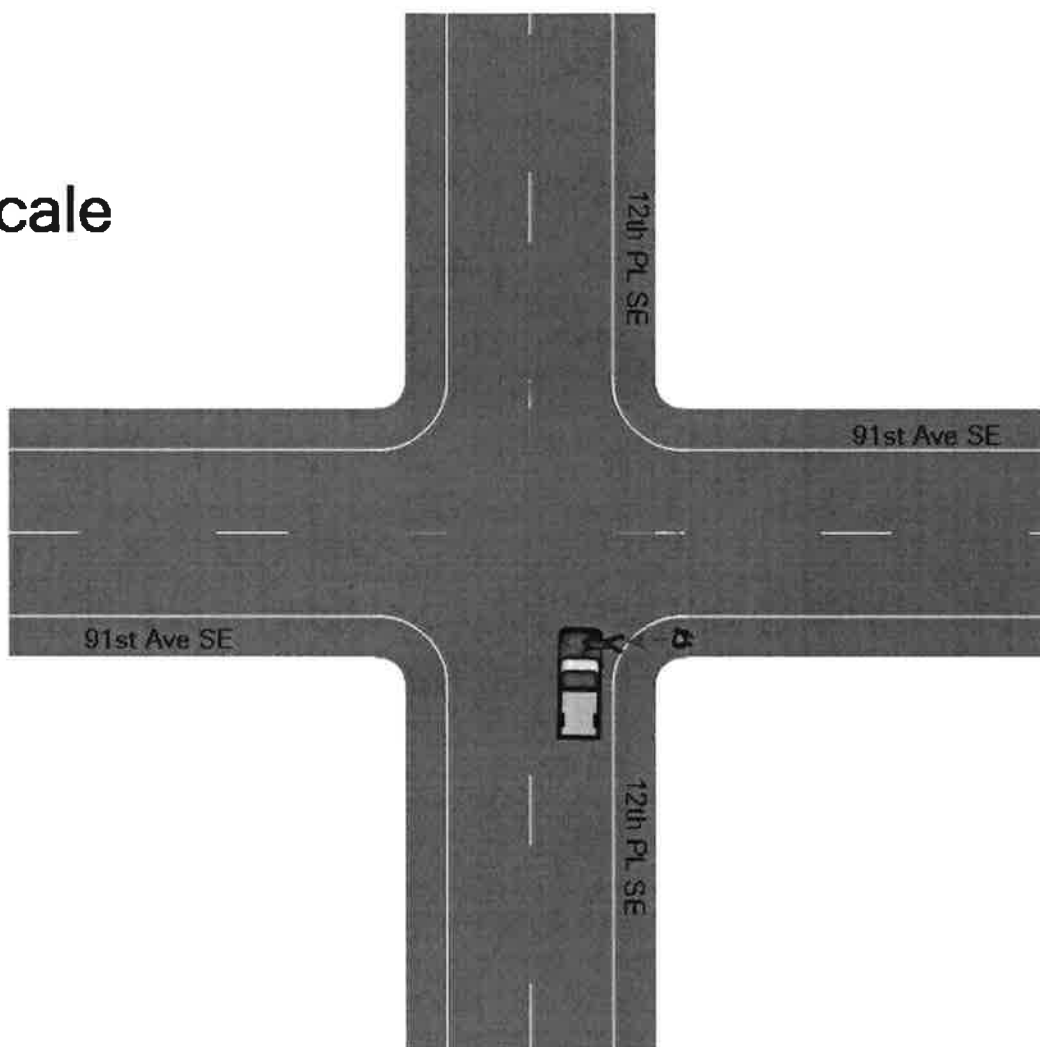
BOB SUMMERS 079

8/9/2015 10:56:44 AM

BADGE OR ID #	#0133	ORI #	WA0311900	TIME POLICE DISPATCHED	1:50 PM	TIME POLICE ARRIVED	2:01 PM
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Not to scale







LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>G. H. ZIMMANN #133</i>	Case Number <i>15-01977</i>
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>COLLISION</i>	Date/Time: <i>8-9-15 1039</i>
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification	

Case # 15-01977

Item # <i>1</i>	Item <i>Photo CD</i>		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber			(Further Description)		
	Serial #	Where Found	Weight of Narcotic			
Action # <i>3</i>						
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber			(Further Description)		
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber			(Further Description)		
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber			(Further Description)		
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here
Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber			(Further Description)		
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name		Address	City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions						Barcode goes here

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS15015743 Xref: #SS15015746 #AG15002367

Case Numbers: \$SS15001977

Entered 08/07/15 13:49:04 BY SPCT07 SP0323
Dispatched 08/07/15 13:50:20 BY SPDP17 SP0100
Enroute 08/07/15 13:50:20
Onscene 08/07/15 14:01:31
Closed 08/07/15 14:05:24

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-2 Group: SS1 Beat: SOUT

Src: 9

Loc: 12 PL SE/91 AV SE , LKS (V)

Loc Info:

Name: MALE

Addr:

Phone: 4258707342

/1349 (SP0323) ENTRY , VEH VS PED
/1349 SUPP TXT: PED IS UP AND TALKING, WAS ON A SKATEBOARD
/1348? CHANGE NAM: --> MALE,
PHO: --> 4258707342,
SRC: T --> 9
/1350 (SP0100) AGCADV , BOLO
/1350 DISPER 19D2 #SS126 HINGTGEN, OFFICER (MICHAEL)
/1351 \$PREMPT 19D2
/1351 \$DISPER 19D3 #SS133 HEINEMANN, OFFICER (GAVIN)
/1351 PREDSP 19D2 19D3
/1400 (SS133) REMINQ 19D3 MDTVEH, AUD3180, , WA, , , , , , , , ,
/1401 (SP0100) ONSCNE 19D3
/1402 (SS133) REMINQ 19D3 MDTVEH, ATT6311, , WA, , , , , , , , ,
/1403 REMINQ 19D3 MDTVEH, 731YPQ, , WA, , , , , , , , ,
/1404 *MISC 19D3 , RP STATED SKATEBOARDER SAID SHE WAS FINE AND GO
T INTO A VEHICLE.
/1405 (SP0100) CLEAR 19D3 D/G
/1405 CLOSE 19D3
/1452 ASNCAS \$SS15001977
/1452 CHANGE DSP: G
---> H
/1453 CROSS #SS15015746

SPD
JINA

LAKE STEVENS POLICE DEPARTMENT

FOLLOW-UP / ROUTING SHEET


		CASE NUMBER	15-01977
MUST HAVE CITATION NUMBER OR SUSPECT INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		DATE	
CITATION #	SUSPECT	DOB	
CITATION #	SUSPECT	DOB	
CITATION #	SUSPECT	DOB	

OFFICER / DETECTIVE REQUEST		
<input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE		<input checked="" type="checkbox"/> NO FURTHER ACTION REQUIRED
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY		
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)		<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY FOR RECORDS
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input type="checkbox"/> OTHER:
DATE SENT: 8-14-15		BY: CB #80

<input type="checkbox"/> FORWARD ORIGINAL FILE WITH THE FOLLOW-UP TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR FELONY CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE (ATTACH PROSECUTOR REQUEST FORM)		
<input type="checkbox"/> INVESTIGATIONS	OFFICER ASSIGNED	DUE DATE

CASE CLOSED	
<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input type="checkbox"/> LACK OF INVESTIGATIVE LEADS	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR 	DATE SIGNED 8-13-15
SERGEANT APPROVAL 	DATE SIGNED 8/14/15

RECORDS DATA ENTRY	ADDITIONAL	PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>	
RECORDS:					DATE:

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-01977

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Alibritton, April Marie	RACE W	ETH	SEX F	DOB 10/8/98	AGE 17	HGT 5'6"	WGT 150	HAIR Brown	EYES Blue
STREET ADDRESS 1825 91st Dr SE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE		CELL PHONE 425 7496973			PLACE OF EMPLOYMENT Taco Bell					
WORK PHONE 425 3342778		EMAIL ADDRESS aprilgallagos7@gmail.com								

I, April Alibritton, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was longboarding on the west side on 91st Ave going North. Approaching the entrance of 12th Pl, a red Dodge Ram was waiting to turn to head south on 91st. I looked at the guy through his windshield as I was heading towards him. I thought he saw me, cause we had eye contact, but he turned anyway, and hit him head on and was thrown a good amount of feet into the middle of the street. He stopped and got out of the truck to see if I was okay. A few witnesses pulled over to see what was going on. He called 911, along with a couple other people. I got up and walked off the scene, not really feeling any pain because of shock. He left, because I said I was okay. That's when the ambulance showed up.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>April Alibritton</u>	DATE SIGNED 08/10/15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: <u>133</u>	DATE SIGNED 8-13-15	LOCATION SIGNED LSPD

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PAGE 1 OF 1